



TFW 2875

PTO/SB/81 (01-06)

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INDICATION FORM**

Application Number	10/047,660
Filing Date	01/15/2001
First Named Inventor	Louisa Shaefer
Title	Improved Night Light w/ Programmabl
Art Unit	2875
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert M. Mason	33,067

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Robert M. Mason				
Address	Mason & Petruzzi 13601 Preston Rd., 402W				
City	Dallas	State	Texas	Zip	75240
Country	United States of America				
Telephone	(972) 788-1500	Email	RMason@MasonPetruzzi.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Louisa Shaefer</i>	Date	02/13/2006
Name	Louisa Shaefer	Telephone	210-545-4771
Title and Company	Shaefer & Associates		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/047,660
Filing Date	01/15/2001
First Named Inventor	Louisa Shaefer
Art Unit	2875
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Robert M. Mason Mason & Petrucci				
Address	13601 Preston Rd., 402W				
City	Dallas	State	Texas	Zip	75240
Country	United States of America				
Telephone	(972) 788-1500		Email	RMason@MasonPetrucci.com	

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Louisa Shaefer		
Date	02/13/2006	Telephone	210-545-4771

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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